

Lancaster County General Assistance Cremation Assistance Application

Person requesting assistance: _____ Relationship to deceased: _____

Your contact information: _____

Deceased Information

Name of Deceased: _____ Date of Death: _____

Date of Birth: _____ Age: _____ Gender: _____ Social Security #: _____

Current address: _____ How long there: _____

Owned/Buying/Renting: _____ Nursing Home/Assisted Living: Y or N - How long there: _____

Previous address: _____ How long there: _____ Owned/Rented: _____

Monthly income: _____ Sources(s) of income: _____

Cash on hand: _____ Checking Account: _____ Savings Account: _____

Debit Card(s): _____ Home Equity: _____ Vehicle(s): _____

Other Income/Assets/Resources, including spouse's: _____

Life Insurance: _____ Veteran: _____ Marital Status: _____

Household Members: _____

Funeral Home: _____

I declare that I have provided the information indicated and to the best of my knowledge it is true, accurate, and complete. I agree to provide verification(s) if requested, to determine the deceased's financial eligibility. I further agree to cooperate with the funeral home in securing any and all income/assets/resources of the deceased.

Representative's Name (Print)

Representative's Signature

Date

General Assistance Representative

Signature

Date